

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 03/23/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/27/2008						
		FINANCIAL PAYER: NCMMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	6191	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	3606	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED	29	17143	18242	1099
		21	3035	DUPLICATE OF CLAIM-SYSTEM				
3404904	WESTERN HIGHLAN DS LME	8534	153	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		21	82	DUPLICATE OF CLAIM-SYSTEM	0	405	12695	12290
		191	67	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	8505	157	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	122	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	9	328	4389	4061
		11	12	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAMBA COUNTY ENTAL HEALT	8622	34	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		11	27	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	73	1687	1613
		27	8	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404913	MECKLENBURG COM ENTAL HEALT	8505	6167	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1462	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	9242	9268	26
		8508	651	CLAIM DENIED NO BUDGET FOUND				
3404916	CROSSROADS BEHA VIGORAL HEAL	8505	2435	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	119	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2639	2667	28
		191	54	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	11	364	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	308	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	932	2059	1127
		23	69	SERVICE REQUIRES PRIOR APPROVA L				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1967	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	577	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3130	3155	25
		8508	383	CLAIM DENIED NO BUDGET FOUND				
3404920	ALAMANCE CASHEL L AREA MH D	8534	218	SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		79	127	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	2	670	3756	3086
		8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	1686	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5404	237	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	2037	7350	5313
		8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8505	187	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	298	298	0
		8800	35	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	8505	2242	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	642	CLAIM DENIED NO BUDGET FOUND	0	3448	3512	64
		8800	351	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1841	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	472	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	8	2925	2964	39
		8508	339	CLAIM DENIED NO BUDGET FOUND				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	375	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	349	SERVICE REQUIRES PRIOR APPROVA L	8	2136	4096	1960
		21	270	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	21	28	DUPLICATE OF CLAIM-SYSTEM				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	123	758	635
		8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404930	JOHNSTON COUNTY	11	79	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		8599	2	DETAIL NOT COVERED BY COMBINAT	0	81	106	25
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC	8505	786	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8800	536	FURTHER PROCESSING NECESSARY,	60	2248	11319	9071
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	218	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	8505	6755	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	288	FURTHER PROCESSING NECESSARY,	0	7231	7487	256
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	111	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLow CARTERET	8599	141	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	113	CLAIM DENIED DUE TO INSUFFICIE	0	637	2525	1888
				NT BUDGET				
		8800	110	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404937	THE BEACON CENT	8000	29	NO RATE AVAILABLE ON FILE TO P				
	ER			RICE THIS CLAIM DETAIL				
		23	20	SERVICE REQUIRES PRIOR APPROVA	0	51	1769	1718
				L				
		143	1	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404939	EAST CAROLINA B	8505	7168	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		8800	520	FURTHER PROCESSING NECESSARY,	0	8177	8276	99
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		7001	168	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	11	230	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	21	PROVIDER TYPE AND SPECIALTY 07	2	294	2291	1997
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	14	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMAN SERVICES	8000	60	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
		8599	28	DETAIL NOT COVERED BY COMBINAT	0	100	1046	946
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	7	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREA MENTAL HEALTH	79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		191	2	CLIENT ID NUMBER DOES NOT MATC	0	10	1217	1207
				H PATIENT NAME				
		8599	2	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				